

C O N T R A C T

Between

CITY OF READING

and

CARSTAR KUTZTOWN LEGACY AUTO BODY

2020 – Repairs and/or Specialty Services for City Wide Fleet Vehicles

## CONTRACT

***This Agreement***, made and concluded on 7/29/2020 by and between the CITY OF READING, a municipal corporation of the State of Pennsylvania, located in the County of Berks, said State, hereinafter called the "CITY", and CARSTAR KUTZTOWN LEGACY AUTO BODY, hereinafter called the "VENDOR," pursuant to law and to the provisions and requirements of the ordinances and resolutions of the City of Reading.

**WITNESSETH**, That the parties to these presents each in consideration of the agreements on the part of the other herein contained, have agreed, and hereby do agree, the City for itself, its successors and assigns, and the Vendor for itself, himself or themselves, its successors, or his or their executors and administrators, as follows:

The Vendor covenants, promises and agrees to and with the City, for the consideration hereinafter mentioned and contained, to furnish as directed to the City of Reading, Pennsylvania, in accordance with the bid of the Vendor for the Request for Qualifications for Maintenance and Repairs for City Wide Fleet Vehicles dated August 21, 2019, submitted to the City, attached hereto as Exhibit "A" and made a part hereof the following merchandise as per specifications:

**To provide both routine maintenance and repairs, as well as emergency repairs that are above and beyond the routine maintenance and repairs that are provided by the City of Reading's Division of Fleet Management, Department of Public Works, for the City of Reading's City Wide Fleet Vehicles. This would be on an as and/or needed basis, at the fees submitted, from September, 2019, to December 31, 2020, Department of Public Works, a copy of the fee schedule is attached as Exhibit "A". The use of this Vendor may be extended for 2 additional 1 year terms at the City of Reading's discretion.**

The Vendor agrees to furnish only such merchandise which shall have fully met the specifications herein contained, or hereto attached and made a part hereof. In the event the Vendor shall fail to comply, in any respect, with said specifications or this contract, the City may terminate this contract by giving the Vendor written notice.

Upon the said merchandise being duly tested and accepted by the proper City employees as meeting with the specifications and conditions, the City shall pay for the quantities thereof currently ordered and delivered, at the end of each calendar month, upon an invoice being presented by the Vendor setting forth the exact quantities thereof delivered during said month.

The Vendor agrees to indemnify and save harmless the City from all suits or actions of every name and description brought against it for or on account of use of patented appliances or for any damages or injuries received or sustained by any person or persons in the performance of the work under the contract. The Vendor further agrees that in case any such suits or actions are brought or threatened all or as much of the monies due it, him or them under this contract as shall

or may be considered necessary by the City shall or may be retained without any liability of the City to the Vendor for interest thereon because of such retention until all such suits or claims shall have been settled and satisfactory evidence to that effect furnished.

**BASIS OF CONTRACT.** This contract is founded on the Department of Public Works Account Number 01-07-14-4216 for the fiscal year 2020.

**IN WITNESS WHEREOF**, the said City of Reading has caused this agreement to be executed by its Mayor, and its corporate seal to be hereunto affixed, duly attested by its City Clerk, and the Vendor has caused this agreement to be executed by its President and its corporate seal to be hereunto affixed, duly attested by its Secretary, has hereunto set his/their hand(s) and seal(s) the day and year first above written.

Signed and sealed in the  
presence of

CITY OF READING

By: DocuSigned by:  
*Mayor Moran*  
7252A59C9DF3449...  
Mayor

Attest: DocuSigned by:  
*Linda A. Kelleher CMC, City Clerk*  
73DE031C240B451...  
City Clerk

CARSTAR KUTZTOWN  
LEGACY AUTO BODY

By: DocuSigned by:  
*Paul Angstadt*  
F07E3AF2BC6D4CB...

**EXHIBIT “A”**  
**(Request for Qualifications, Proposal and Fee Schedule)**

## **REQUEST FOR QUALIFICATIONS**

**For**

**Repairs and/or Specialty Services  
for the City of Reading's, City Wide  
Passenger, Light Duty, Medium Duty,  
Heavy Duty Fleet Vehicles**

**CITY OF READING, PENNSYLVANIA**

**RESPONSES DUE:  
3:00 PM (Eastern Time)  
September 9, 2019**

**City of Reading, Pennsylvania  
815 Washington Street  
Reading, PA 19601**

## Request for Qualifications

List of qualified Repair Vendors to perform repairs and/or specialty services, above and beyond warranty and excess routine maintenance on the City of Reading's City Wide Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles.

City Of Reading  
815 Washington St.  
Reading, PA 19601

### Introduction

The City of Reading is requesting Qualifications for the purpose of retaining a list of interested companies /vendors to provide for Repairs and/or Specialty Services, above and beyond warranty and excess routine maintenance on the City of Reading's City Wide Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles as described in this RFQ.

Date Issued: August 21, 2019

Date Due: September 9, 2019

All questions are to be directed in writing to: Tammi Reinhart  
Purchasing Coordinator  
[Tammi.Reinhart@readingpa.gov](mailto:Tammi.Reinhart@readingpa.gov)

## Request for Qualifications

Vendor List for Repairs and/or Specialty Services to include but not limited to alignments, engines, transmission, exhaust, electrical, snow equipment, leaf equipment, glass repairs and or replacements radiators, fire apparatus, body work, drive shaft, hydraulic repairs, OEM above warranty, spring work, decals, car wash and detailing. Vendors are not required to do all items listed you may provide one or multiple items to the City of Reading's, City Wide Passenger, Light Duty, Medium Duty, and Heavy Duty Vehicles.

Interested vendors shall submit a response to this RFQ by September 9, 2019. The goal of this RFQ is to compile a list of companies/vendors that can provide both repairs and specialty services as well as emergency repairs that are above and beyond the maintenance and repairs that are provided by the City of Reading's Fleet Maintenance. This would be on an as and/ or when needed basis for September 2019 to December 31, 2020. This list may be extended for 2 additional 1 year terms at the City of Reading's discretion.

This list will be used by the department as and when needed to provide repairs and/or specialty services, along with emergency repairs to the Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles.

### Qualification Criteria

The responses to this RFQ shall incorporate adequate information as detailed below for the City's selection committee to evaluate the vendor's ability to perform the required service being requested. To expedite the review process, please organize the information in the order listed below, with the submission not to exceed 20 pages in length. This evaluation is strictly for company/vendor qualifications.

Please submit five (5) sealed and bound copies of the company/vendor's qualifications with the notations of "City of Reading Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles, Repairs and Specialty Services List" as detailed below to:

Tammi Reinhart, Purchasing Coordinator  
City of Reading  
Purchasing Division  
815 Washington St., Rm 2-45  
Reading, PA 19601

The response shall address company /vendor specific information as listed below:

- Provide general company/vendor information including location of business, total number of employees, and number of years the company/vendor has been performing vehicles' maintenance and repairs.
- The provider company/vendor shall be located within a 40 mile radius of the City of Reading, this is to limit the travel time if necessary to the vendors facility.
- Provide proof of the number of employees that are certified as Vehicle Technicians, along with copies of the certifications of those employees.
- Provide list of three references of municipalities/ townships that have been using your services in the last ten years. Details shall include, the Department served, and length of time that service has been provided.
- Proof of liability insurance
- Proof of workers compensation insurance
- Provide listing of hourly rates for normal business hours

- Provide listing of after-hours and holiday emergency service rates
- Provide a list of travel time or expenses if applicable

#### Notice of Acceptance

Upon acceptance the company/vendor will be notified that they have been accepted and placed on the list. Acceptance does not guarantee that they will be contacted for service, the City of Reading Department of Fleet may use any of the accepted companies/vendors on the list.

As described previously, this list may, at the City's discretion, be extended for an additional 2-1 year terms, and the City will notify those on the list of the extension at such time.



## **NON-COLLUSION AFFIDAVIT**

### **INSTRUCTIONS FOR NON-COLLUSION AFFIDAVIT**

- 1. *This Non-Collusion Affidavit is material to any contract pursuant to this bid. According to the Pennsylvania Antibid-Rigging Act, 73 P.S. 1611 et seq., governmental agencies may require Non-Collusion Affidavits to be submitted together with bids.***
- 2. *This Non-Collusion Affidavit must be executed by the member officer, or employee of the bidder who is authorized to legally bind the bidder.***
- 3. *Bid rigging and other efforts to restrain competition, and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the Affidavit should examine it carefully before signing and assure himself or herself that each statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the preparation, approval or submission of the bid.***
- 4. *In the case of a bid submitted by a joint venture, each party to the venture must be identified in the bid documents, and an Affidavit must be submitted separately on behalf of each party.***
- 5. *The term "complementary bid" as used in the Affidavit has the meaning commonly associated with that term in the bidding process, and includes the knowing submission of bids higher than the bid of another firm, any intentionally high or noncompetitive bid, and any form of bid submitted for the purpose of giving a false appearance of competition.***
- 6. *Failure to file an Affidavit in compliance with these instructions will result in disqualification of the bid.***

**NON-COLLUSION AFFIDAVIT OF PRIME BIDDER**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says that:

(1) He/She is \_\_\_\_\_  
(Owner, Partner, Officer, Representative or Agent)of \_\_\_\_\_, the Bidder that has  
submitted the attached Bid or Bids;(2) He/She is fully informed respecting the preparation and contents of the attached Bid and of all  
pertinent circumstances respecting such Bid;

(3) Such Bid is genuine and is not a collusive or sham Bid;

(4) Neither the said Bidder nor any of its officers; partners, owners, agents, representatives,  
employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or  
agreed, directly or indirectly, with any other Bidder, firm or person to submit a collusive or sham Bid in  
connection with the Contract for which the attached Bid has been submitted or to refrain from bidding in  
connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or  
collusion or communication of conference with any other Bidder, firm or person to fix the price or prices  
in the attached Bid or of any other Bidder, or to fix any overhauled profit or cost element of the Bid price or  
the Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance or unlawful  
agreement any advantage against the City of Reading or any person interested in the proposed  
Contract;(5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any  
collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents,  
representatives, owners, employees, or parties in interest, including this affiant; and,(6) Neither the said Bidder nor any of its officers, partners, owners, agents or parties in interest,  
have any interest, present or prospective, that can be reasonably construed to result in a conflict of  
interest between them and the City of Reading, which the Bidder will be required to perform.

I state that \_\_\_\_\_ understands

(Name of Firm)

and acknowledges that the above representations are material and important, and will be relied on by  
the City of Reading in awarding the Contract(s) for which this Bid is submitted. I understand and my firm  
understands that any misstatement in this Affidavit is and shall be treated as fraudulent concealment  
from the City of Reading of the true facts relating to the submission of bids for this Contract.\_\_\_\_\_  
(Name and Company Position)

SWORN TO AND SUBSCRIBED

BEFORE ME THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

**PROVIDER'S CERTIFICATION OF NON-INDEBTEDNESS  
TO THE CITY OF READING**

***Provider hereby certifies and represents that Provider and Provider's parent company(ies) and subsidiary(ies) are not currently indebted to the City of Reading (the "City"), and will not at any time during the term of this Contract (including any extensions or renewals thereof) be indebted to the City, for or on account of any delinquent taxes, liens, judgments, fees or other debts for which no written agreement or payment plan satisfactory to the City has been established. In addition to any other rights or remedies available to the City at law or in equity, Provider acknowledges that any breach or failure to conform to this certification may, at the option of the City, result in the withholding of payments otherwise due to Provider and, if such breach or failure is not resolved to the City's satisfaction within a reasonable time frame specified by the City in writing, may result in the offset of any such indebtedness against said payments and/or the termination of this Contract for default (in which case Provider shall be liable for all excess costs and other damages resulting from the termination).***

\_\_\_\_\_  
***Name of Provider***

***By:*** \_\_\_\_\_  
***Authorized Signatory***

***Title:*** \_\_\_\_\_  
***President or Vice President***

***Attest:*** \_\_\_\_\_

**NON DISCRIMINATION STATEMENT**

*The undersigned hereby certifies that it shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, handicap, familial status, or national origin. The undersigned shall take affirmative action to insure that applicants for employment are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, handicap, familial status, or national origin.*

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**BIDDER**

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**TITLE**

**INDEMNITY AGREEMENT & HOLD HARMLESS**

**KNOW ALL MEN BY THESE PRESENTS:**

**WHEREAS, the undersigned has entered into a contract with the CITY OF READING, dated \_\_\_\_\_, 20 \_\_, providing for the \_\_\_\_\_ City of Reading, Pennsylvania.**

**NOW, THEREFORE, in consideration of the award of said contract to the undersigned, \_\_\_\_\_, as well as in further consideration of the sum of ONE DOLLAR (\$1.00) in hand paid to the said \_\_\_\_\_ by the City of Reading, receipt whereof is hereby acknowledged, the said \_\_\_\_\_ agrees to indemnify and save harmless the CITY OF READING, its officers, agents, servants, and employees against any and all loss, damage, costs and expenses which the said CITY may hereafter suffer, incur, be put to or pay by reason of any bodily injury (including death) or damage to property arising out of any act or omission in performance of the work undertaken under the aforesaid contract.**

**EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

**By: \_\_\_\_\_**

**Title: \_\_\_\_\_**

**ATTEST:**

\_\_\_\_\_

\_\_\_\_\_  
**(Title)**

**STIPULATION AGAINST LIENS**

**WHEREAS,** \_\_\_\_\_, hereinafter called the **CONTRACTOR**, has entered into a **CONTRACT**, dated \_\_\_\_\_, 20\_\_\_\_, with \_\_\_\_\_ hereinafter called the **CITY**, to provide materials and perform labor necessary for the manufacture and furnishing of the:

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as set forth in the **CONTRACT DOCUMENTS** as prepared by the City of Reading.

**NOW, THEREFORE**, it is hereby stipulated and agreed by and between the said parties, as part of the said **CONTRACT**, and for the consideration therein set forth, that neither the undersigned **CONTRACTOR**, any **SUBCONTRACTOR** or material man, nor any other person furnishing labor or materials to the said **CONTRACTOR** under this **CONTRACT** shall file a lien, commonly called a mechanic's lien, for **WORK** done or materials furnished for the above manufacture.

This stipulation is made and shall be filed with the Berks County Prothonotary within ten (10) days after execution, in accordance with the requirements of Section 1402 of the Mechanics Lien Law of 1963 of the Commonwealth of Pennsylvania in such case provided.

**IN WITNESS WHEREOF**, the parties hereto have caused the signature of their proper officers to be affixed thereto on this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_.

\_\_\_\_\_  
**(CITY OF READING)**

**ATTEST:**

**BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

\_\_\_\_\_  
**(CONTRACTOR)**

**ATTEST:**

**BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

## **Carstar Kutztown- Legacy Autobody**

**PO Box 14**

**15827 Kutztown Rd**

**Maxatawny, PA 19538**

**FED ID#83-2950149**

**[www.legacyautobody.com](http://www.legacyautobody.com)**

**PH# 610-683-5559 FAX# 610-683-5834**

Legacy Autobody Group principles have been in the auto body business for over 40 years.

The Kutztown location is the fifth location for the Legacy Autobody Group, LLC.

We have 6 employees at this location.

The manager Paul Angstadt has service The City of Reading vehicles for many years and is familiar with the city requirements and process.

### **Hourly Rates:**

- Body: \$55/hour
- Paint: \$55/hour
- Mechanical: \$82.50/hour
- Frame: \$60/hour
- Structural: \$55/hour
- Diagnostic: \$55/hour
- Electrical: \$55/hour
- Glass: \$55/hour
- Body Supplies: \$5/hour
- Paint Supplies: \$32/hour



# EVIDENCE OF PROPERTY INSURANCE

 DATE (MM/DD/YYYY)  
 12/27/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY John Yurconic Agency 5910 Hamilton Blvd  Allentown PA 18106 FAX (A/C, No.): (610) 770-6610 E-MAIL ADDRESS: jtyurconic@yurconic.com CODE: SUB CODE: AGENCY CUSTOMER ID #: 00020930 INSURED D. Duncan Autos, Inc; Legacy Autobody Group, LLC; Legacy 15827 Kutztown Road LLC 1324 Minesite Road Allentown PA 18103		COMPANY Penn National Security Ins Co P.O. Box 1847  Harrisburg PA 17105-1847  LOAN NUMBER POLICY NUMBER BX90747264 EFFECTIVE DATE EXPIRATION DATE 6/2/2018 6/2/2019 CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:	
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## PROPERTY INFORMATION

LOCATION/DESCRIPTION 15827 Kutztown Road Maxatawny, PA 19538
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Bldg & BPP, Replacement Cost, Special (Including theft) - Detail	4,920,000	1,000
Building 1-auto body shop: Building, Replacement Cost, Special	1,100,000	1,000
Building 1- Business Personal property, Replacement Cost, Special	200,000	1,000
Building 2- Storage Shed: Building, Replacement Cost, Special	10,000	1,000
Building 2- Business Personal Property, Replacement Cost, Special	10,000	1,000

## REMARKS (Including Special Conditions)

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS  Embassy Bank for the Lehigh Valley ISAOA PO Box 20405 Lehigh Valley, PA 18002	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	
	LOAN #		
	AUTHORIZED REPRESENTATIVE  Jasmine Murray/JESRIC		



## Additional Named Insureds

### Other Named Insureds

Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown

Limited Liability Company, Additional Named Insured



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> John Yurconic Agency 5910 Hamilton Blvd  Allentown PA 18106  <b>INSURED</b> D. Duncan Autos, Inc.; Legacy Autobody Group LLC Legacy 15827 Kutztown Road LLC; Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown 15827 Kutztown Road Maxatawny PA 19538	<b>CONTACT NAME:</b> Jasmine Murray <b>PHONE (A/C No. Ext):</b> (610) 770-6600 <b>FAX (A/C No.):</b> (610) 770-6610 <b>E-MAIL ADDRESS:</b> jmurray@yurconic.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Penn National Security Ins Co</td> <td>32441</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Penn National Security Ins Co	32441	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER:** 18/19 CARSTAR Kutztown **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BX90747264	6/2/2018	6/2/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Employee Benefits \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>			AX90747264	6/2/2018	6/2/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> 19						PIP-Basic \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			UL90747264	6/2/2018	6/2/2019	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WP90085202	6/2/2018	6/2/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Garagekeepers Comprehensive			AX90747264	6/2/2018	6/2/2019	100/500 Deductible 500,000
A	Garagekeepers Collision			AX90747264	6/2/2018	6/2/2019	500 Deductible 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Embassy Bank for the Lehigh Valley ISACA is listed as mortgagee with regards to the 15827 Kutztown Road

## CERTIFICATE HOLDER

## CANCELLATION

Embassy Bank for the Lehigh Valley ISAOA PO Box 20405 Lehigh Valley, PA 18002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Jasmine Murray/JESRIC
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**“City of Reading Passenger, Light Duty, Medium Duty, and  
Heavy Duty Fleet Vehicles, Repairs and Specialty Services List”**

## **Carstar Kutztown- Legacy Autobody**

**PO Box 14**

**15827 Kutztown Rd**

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**FED ID#83-2950149**

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**PH# 610-683-5559 FAX# 610-683-5834**

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 DATE (MM/DD/YYYY)  
 12/27/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY John Yurconic Agency 5910 Hamilton Blvd Allentown PA 18106 FAX (A/C No.): (610) 770-6610 E-MAIL ADDRESS: jtyurconic@yurconic.com CODE: 00020930 AGENCY CUSTOMER ID #: INSURED D. Duncan Autos, Inc; Legacy Autobody Group, LLC; Legacy 15827 Kutztown Road LLC 1324 Minesite Road Allentown PA 18103		COMPANY Penn National Security Ins Co P.O. Box 1847 Harrisburg PA 17105-1847 LOAN NUMBER POLICY NUMBER BX90747264 EFFECTIVE DATE 6/2/2018 EXPIRATION DATE 6/2/2019 CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:	
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## PROPERTY INFORMATION

LOCATION/DESCRIPTION 15827 Kutztown Road Maxatawny, PA 19538
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Bldg & BPP, Replacement Cost, Special (Including theft) - Detail	4,920,000	1,000
Building 1-auto body shop: Building, Replacement Cost, Special	1,100,000	1,000
Building 1- Business Personal property, Replacement Cost, Special	200,000	1,000
Building 2- Storage Shed: Building, Replacement Cost, Special	10,000	1,000
Building 2- Business Personal Property, Replacement Cost, Special	10,000	1,000

## REMARKS (Including Special Conditions)

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS Embassy Bank for the Lehigh Valley ISAOA PO Box 20405 Lehigh Valley, PA 18002	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE Jasmine Murray/JESRIC			

## Additional Named Insureds

### Other Named Insureds

Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown

Limited Liability Company, Additional Named Insured



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> John Yurconic Agency 5910 Hamilton Blvd  Allentown PA 18106  <b>INSURED</b> D. Duncan Autos, Inc.; Legacy Autobody Group LLC Legacy 15827 Kutztown Road LLC; Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown 15827 Kutztown Road Maxatawny PA 19538	<b>CONTACT NAME:</b> Jasmine Murray <b>PHONE (A/C No, Ext):</b> (610) 770-6600 <b>FAX (A/C, No):</b> (610) 770-6610 <b>E-MAIL ADDRESS:</b> jmurray@yurconic.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Penn National Security Ins Co</td> <td>32441</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Penn National Security Ins Co	32441	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Penn National Security Ins Co	32441														
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INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER:** 18/19 CARSTAR Kutztown **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			BX90747264	6/2/2018	6/2/2019	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							Employee Benefits	\$ 1,000,000	
A	<b>AUTOMOBILE LIABILITY</b>			AX90747264	6/2/2018	6/2/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	10						PIP-Basic	\$	
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			GL90747264	6/2/2018	6/2/2019	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE						\$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WP90085202	6/2/2018	6/2/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	<b>Garagekeepers Comprehensive</b>			AX90747264	6/2/2018	6/2/2019	100/500 Deductible	500,000	
A	<b>Garagekeepers Collision</b>			AX90747264	6/2/2018	6/2/2019	500 Deductible	500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Embassy Bank for the Lehigh Valley ISAOA is listed as mortgagee with regards to the 15827 Kutztown Road

## CERTIFICATE HOLDER

## CANCELLATION

Embassy Bank for the Lehigh Valley ISAOA PO Box 20405 Lehigh Valley, PA 18002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> Jasmine Murray/JESRIC
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**“City of Reading Passenger, Light Duty, Medium Duty, and  
Heavy Duty Fleet Vehicles, Repairs and Specialty Services List”**



## **Carstar Kutztown- Legacy Autobody**

**PO Box 14**

**15827 Kutztown Rd**

**Maxatawny, PA 19538**

**FED ID#83-2950149**

**[www.legacyautobody.com](http://www.legacyautobody.com)**

**PH# 610-683-5559 FAX# 610-683-5834**

Legacy Autobody Group principles have been in the auto body business for over 40 years.

The Kutztown location is the fifth location for the Legacy Autobody Group, LLC.

We have 6 employees at this location.

The manager Paul Angstadt has service The City of Reading vehicles for many years and is familiar with the city requirements and process.

### **Hourly Rates:**

- Body: \$55/hour
- Paint: \$55/hour
- Mechanical: \$82.50/hour
- Frame: \$60/hour
- Structural: \$55/hour
- Diagnostic: \$55/hour
- Electrical: \$55/hour
- Glass: \$55/hour
- Body Supplies: \$5/hour
- Paint Supplies: \$32/hour



# EVIDENCE OF PROPERTY INSURANCE

 DATE (MM/DD/YYYY)  
 12/27/2018

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AGENCY John Yurconic Agency 5910 Hamilton Blvd  Allentown PA 18106 FAX (A/C No): (610) 770-6610 E-MAIL ADDRESS: jtyurconic@yurconic.com CODE: SUB CODE: AGENCY CUSTOMER ID #: 00020930		COMPANY Penn National Security Ins Co P.O. Box 1847  Harrisburg PA 17105-1847  LOAN NUMBER POLICY NUMBER BX90747264 EFFECTIVE DATE EXPIRATION DATE 6/2/2018 6/2/2019 CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:	
INSURED D. Duncan Autos, Inc; Legacy Autobody Group, LLC; Legacy 15827 Kutztown Road LLC 1324 Minesite Road Allentown PA 18103			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 15827 Kutztown Road Maxatawny, PA 19538
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
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Building 1- Business Personal property, Replacement Cost, Special	200,000	1,000
Building 2- Storage Shed: Building, Replacement Cost, Special	10,000	1,000
Building 2- Business Personal Property, Replacement Cost, Special	10,000	1,000

## REMARKS (Including Special Conditions)

REMARKS (Including Special Conditions)
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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS  Embassy Bank for the Lehigh Valley ISAOA PO Box 20405 Lehigh Valley, PA 18002	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED  LOAN #
	<input type="checkbox"/>	LOSS PAYEE	
	AUTHORIZED REPRESENTATIVE  Jasmine Murray/JESRIC		

ACORD 27 (2009/12)

INS027 (200912).02

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## Additional Named Insureds

### Other Named Insureds

Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown

Limited Liability Company, Additional Named Insured



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2018

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<b>PRODUCER</b> John Yurconic Agency 5910 Hamilton Blvd  Allentown PA 18106  <b>INSURED</b> D. Duncan Autos, Inc.; Legacy Autobody Group LLC Legacy 15827 Kutztown Road LLC; Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown 15827 Kutztown Road Maxatawny PA 19538	<b>CONTACT NAME:</b> Jasmine Murray <b>PHONE (A/C No. Ext):</b> (610) 770-6600 <b>FAX (A/C No.):</b> (610) 770-6610 <b>E-MAIL ADDRESS:</b> jmurray@yurconic.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Penn National Security Ins Co</td> <td>32441</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Penn National Security Ins Co	32441	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Penn National Security Ins Co	32441														
INSURER B:															
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INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER:** 18/19 CARSTAR Kutztown **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BX90747264	6/2/2018	6/2/2019	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							Employee Benefits	\$ 1,000,000	
A	<b>AUTOMOBILE LIABILITY</b>			AX90747264	6/2/2018	6/2/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> 19						PIP-Basic	\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			UL90747264	6/2/2018	6/2/2019	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WP90085202	6/2/2018	6/2/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	Garagekeepers Comprehensive			AX90747264	6/2/2018	6/2/2019	100/500 Deductible	500,000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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## CANCELLATION

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**“City of Reading Passenger, Light Duty, Medium Duty, and  
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## **Carstar Kutztown- Legacy Autobody**

**PO Box 14**

**15827 Kutztown Rd**

**Maxatawny, PA 19538**

**FED ID#83-2950149**

**[www.legacyautobody.com](http://www.legacyautobody.com)**

**PH# 610-683-5559 FAX# 610-683-5834**

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- Structural: \$55/hour
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- Body Supplies: \$5/hour
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# EVIDENCE OF PROPERTY INSURANCE

 DATE (MM/DD/YYYY)  
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AGENCY John Yurconic Agency 5910 Hamilton Blvd Allentown PA 18106 FAX (A/C, No): (610) 770-6610 E-MAIL ADDRESS: jtyurconic@yurconic.com CODE: SUB CODE: AGENCY CUSTOMER ID #: 00020930 INSURED D. Duncan Autos, Inc; Legacy Autobody Group, LLC; Legacy 15827 Kutztown Road LLC 1324 Minesite Road Allentown PA 18103		COMPANY Penn National Security Ins Co P.O. Box 1847 Harrisburg PA 17105-1847 LOAN NUMBER POLICY NUMBER BX90747264 EFFECTIVE DATE 6/2/2018 EXPIRATION DATE 6/2/2019 CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:	
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## PROPERTY INFORMATION

LOCATION/DESCRIPTION 15827 Kutztown Road Maxatawny, PA 19538  THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
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Building 1- Business Personal property, Replacement Cost, Special	200,000	1,000
Building 2- Storage Shed: Building, Replacement Cost, Special	10,000	1,000
Building 2- Business Personal Property, Replacement Cost, Special	10,000	1,000

## REMARKS (Including Special Conditions)

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## ADDITIONAL INTEREST

NAME AND ADDRESS  Embassy Bank for the Lehigh Valley ISAOA PO Box 20405 Lehigh Valley, PA 18002	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED  LOAN #  AUTHORIZED REPRESENTATIVE Jasmine Murray/JESRIC
	<input type="checkbox"/>	LOSS PAYEE	

ACORD 27 (2009/12)

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INS027 (200912).02

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## Additional Named Insureds

### Other Named Insureds

Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown

Limited Liability Company, Additional Named Insured





# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
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<b>PRODUCER</b> John Yurconic Agency 5910 Hamilton Blvd  Allentown PA 18106	<b>CONTACT NAME:</b> Jasmine Murray <b>PHONE (A/C, No, Ext):</b> (610) 770-6600 <b>FAX (A/C, No):</b> (610) 770-6610 <b>E-MAIL ADDRESS:</b> jmurray@yurconic.com														
<b>INSURED</b> D. Duncan Autos, Inc.; Legacy Autobody Group LLC Legacy 15827 Kutztown Road LLC; Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown 15827 Kutztown Road Maxatawny PA 19538	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Penn National Security Ins Co</td> <td>32441</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Penn National Security Ins Co	32441	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**
**CERTIFICATE NUMBER:** 18/19 CARSTAR Kutztown

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BX90747264	6/2/2018	6/2/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY			AX90747264	6/2/2018	6/2/2019	PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						Employee Benefits \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
	19						BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			UL90747264	6/2/2018	6/2/2019	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					PIP-Basic \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WE90085202	6/2/2018	6/2/2019	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
A	Garagekeepers Comprehensive			AX90747264	6/2/2018	6/2/2019	E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Garagekeepers Collision			AX90747264	6/2/2018	6/2/2019	100/500 Deductible 500,000
							500 Deductible 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Embassy Bank for the Lehigh Valley ISAOA is listed as mortgagee with regards to the 15827 Kutztown Road

**CERTIFICATE HOLDER**
**CANCELLATION**

Embassy Bank for the Lehigh Valley ISAOA PO Box 20405 Lehigh Valley, PA 18002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Jasmine Murray/JESRIC
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CERTIFICATE OF ACKNOWLEDGMENT OF RECEIPT OF ADDENDUM

THE CITY OF READING

ADDENDUM NO.1

RFQ: Repairs and Specialty Service's for the City  
of Reading City Wide Fleet  
Vehicles

DUE DATE: September 9, 2019  
3:00 P.M. Prevailing Time

NOTICE

**Please be advised the due date for this project has been changed to September 9, 2019.**

This addendum must be signed, attached to, and returned with your proposal to the City of Reading by the time and date indicated ABOVE:

I, HEREBY CERTIFY THAT THE CHANGES COVERED BY THIS ADDENDUM HAVE BEEN TAKEN INTO ACCOUNT.

Firm Name (Type or Print) Carstar Kutztown, Legacy Autobody

Authorized Signature E. Horvath

Title Owner - Eric Horvath

Name (Type or Print) Eric Horvath

Date 9/4/2019

**“City of Reading Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles, Repairs and Specialty Services List”**

## **Carstar Kutztown- Legacy Autobody**

**PO Box 14**

**15827 Kutztown Rd**

**Maxatawny, PA 19538**

**FED ID#83-2950149**

**[www.legacyautobody.com](http://www.legacyautobody.com)**

**PH# 610-683-5559 FAX# 610-683-5834**

Legacy Autobody Group principles have been in the auto body business for over 40 years.

The Kutztown location is the fifth location for the Legacy Autobody Group, LLC.

We have 6 employees at this location.

The manager Paul Angstadt has service The City of Reading vehicles for many years and is familiar with the city requirements and process.

### **Hourly Rates:**

- Body: \$55/hour
- Paint: \$55/hour
- Mechanical: \$82.50/hour
- Frame: \$60/hour
- Structural: \$55/hour
- Diagnostic: \$55/hour
- Electrical: \$55/hour
- Glass: \$55/hour
- Body Supplies: \$5/hour
- Paint Supplies: \$32/hour



# EVIDENCE OF PROPERTY INSURANCE

 DATE (MM/DD/YYYY)  
 12/27/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY John Yurconic Agency 5910 Hamilton Blvd Allentown PA 18106 FAX (A/C, No): (610) 770-6610 E-MAIL ADDRESS: jtyurconic@yurconic.com CODE: 00020930 AGENCY CUSTOMER ID #: 00020930		PHONE (A/C, No, Ext): (610) 770-6600 COMPANY Penn National Security Ins Co P.O. Box 1847 Harrisburg PA 17105-1847 LOAN NUMBER POLICY NUMBER BX90747264 EFFECTIVE DATE 6/2/2018 EXPIRATION DATE 6/2/2019 CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:	
INSURED D. Duncan Autos, Inc; Legacy Autobody Group, LLC; Legacy 15827 Kutztown Road LLC 1324 Minesite Road Allentown PA 18103			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 15827 Kutztown Road Maxatawny, PA 19538
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Bldg & BPP, Replacement Cost, Special (Including theft) - Detail	4,920,000	1,000
Building 1-auto body shop: Building, Replacement Cost, Special	1,100,000	1,000
Building 1- Business Personal property, Replacement Cost, Special	200,000	1,000
Building 2- Storage Shed: Building, Replacement Cost, Special	10,000	1,000
Building 2- Business Personal Property, Replacement Cost, Special	10,000	1,000

## REMARKS (Including Special Conditions)

REMARKS (Including Special Conditions)
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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS Embassy Bank for the Lehigh Valley ISAOA PO Box 20405 Lehigh Valley, PA 18002	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED LOAN #
	<input type="checkbox"/>	LOSS PAYEE	
	AUTHORIZED REPRESENTATIVE Jasmine Murray/JESRIC		

ACORD 27 (2009/12)

INS027 (2009/12).02

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The ACORD name and logo are registered marks of ACORD

## Additional Named Insureds

### Other Named Insureds

Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown

Limited Liability Company, Additional Named Insured



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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**COVERAGES**
**CERTIFICATE NUMBER:** 18/19 CARSTAR Kutztown

**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BX90747264	6/2/2018	6/2/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Employee Benefits	\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			AX90747264	6/2/2018	6/2/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> 19						PIP-Basic	\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			UL90747264	6/2/2018	6/2/2019	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WP90085202	6/2/2018	6/2/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Garagekeepers Comprehensive			AX90747264	6/2/2018	6/2/2019	100/500 Deductible	500,000
A	Garagekeepers Collision			AX90747264	6/2/2018	6/2/2019	500 Deductible	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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